Coverage		YNHHS Out of Area Plan			High Deductible Health Plan		
		Signature Network	Cigna In-Network	Out-of-Network	YNHHS Facilities Only	Cigna In-Network	Out-of-Network
Deductible	Employee Only	$0	$800	$10,000	$2,000	$2,000	$2,000
	Employee + Spouse	$0	$1,600	$20,000	$4,000	$4,000	$4,000
	Employee + Child(ren)						
	Family						
Out-of-Pocket Maximum	Employee Only	$3,000	$5,000	$30,000	$3,000	$3,000	$4,000
	Employee + Spouse	$6,000	$10,000	$60,000	$6,000	$6,000	$8,000
	Employee + Child(ren)						
	Family						
Employer Contribution		n/a	n/a	n/a	up to %50 of deductible, depending upon position	up to %50 of deductible, depending upon position	up to %50 of deductible, depending upon position
Know Your Numbers Credit		up to $500 for completion of KYN activities	up to $500 for completion of KYN activities	up to $500 for completion of KYN activities	$50 credit to HSA for completion of Health Assessment	$50 credit to HSA for completion of Health Assessment	$50 credit to HSA for completion of Health Assessment
Preventive Services		$0	$0	50% after deductible	covered at 100%, deductible waived	covered at 100%, deductible waived	covered at 100%, deductible waived
Medical FSA Compatibility		YES	YES	YES	Limited Purpose for vision and dental expenses only	Limited Purpose for vision and dental expenses only	Limited Purpose for vision and dental expenses only

Common terms:	
Coinsurance	The percentage of costs paid out-of-pocket for services covered by the plan
Copay	The fixed amount paid for a service
Deductible	The amount paid for covered health services each year before the plan begins to pay its share of costs

Coverage	YNHHS Out of Area Plan			High Deductible Health Plan		
	Signature Network	Cigna In-Network	Out-of-Network	YNHHS Facilities Only	Cigna In-Network	Out-of-Network
Applicable Copayment/Coinsurance						
Office Visits and Ancillary Services						
Primary Care Physician (PCP)	$20 copay	$30 copay	50% after deductible	$0 after deductible	$0 after deductible	40% after deductible
Specialist	$35 copay	$50 copay	50% after deductible	$0 after deductible	$0 after deductible	40% after deductible
Physical, Speech and Occupational Therapy	$10 copay	$10 copay	50% after deductible	$0 after deductible	$0 after deductible in office, 20% coinsurance in Hospital	40% after deductible
Inpatient Hospitalization	$250 copay	20% after deductible	50% after deductible	$0 after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient Surgery	$100 copay	20% after deductible	50% after deductible	$0 after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Infertility Services	$14,000 lifetime max	$10,000 lifetime max	n/a	$15,000 lifetime max	$15,000 lifetime max	$15,000 lifetime max
Laboratory and X-Ray Services	$25 copay	$35 copay	50% after deductible	$0 after deductible	$0 after deductible in office, 20% coinsurance in Hospital	40% after deductible
High Tech Diagnostic Services	$100 copay	20% after deductible	50% after deductible	$0 after deductible	$0 after deductible in office, 20% coinsurance in Hospital	40% after deductible
Inpatient Mental Health/SA Treatment	$250 copay	20% after deductible	50% after deductible	$0 after deductible	$0 after deductible	40% coinsurance after deductible
Outpatient Mental Health/SA Treatment	$10 copay	$10 copay	50% after deductible	$0 after deductible	$0 after deductible	40% coinsurance after deductible

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Coverage	YNHHS Out of Area Plan			High Deductible Health Plan		
	Signature Network	Cigna In-Network	Out-of-Network	YNHHS Facilities Only	Cigna In-Network	Out-of-Network
Applicable Copayment/Coinsurance						
Skilled Nursing Facility/Home Health Care	20% coinsurance	20% coinsurance	20% coinsurance	$0 after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Durable Medical Equipment	n/a	20% coinsurance, no deductible	50% after deductible	n/a	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Services						
Ambulance	n/a	$0	$0	$0 after deductible	$0 after deductible	$0 after deductible
Emergency Room Co-pay	$300 copay	$300 copay	$300 copay	$150 after deductible	$150 after deductible	$150 after deductible
Urgent Care	$35 copay	$50 copay	$50 copay	$0 after deductible	20% coinsurance after deductible	40% coinsurance after deductible
RX Coverage	**YNHHS Out of Area Plan**			**High Deductible Health Plan**		
Applicable Copayment/Coinsurance						
Tier 1-Generic	30-day supply $10 copay* 90-day supply $20 copay* *after $100 individual/$200 family deductible			30 day supply $10 copay after deductible 90 day supply $10 copay after deductible through Costco Mail Order.		
Tier 2-Brand Name	30-day supply 20% coinsurance ($35 min, $80 max)* 90-day supply 20% coinsurance ($70 min, $150 max)* *after $100 individual/$200 family deductible			30 day supply $25 copay after deductible 90 day supply $50 copay after deductible through Costco Mail Order.		
Tier 3-Non-Preferred Brand	30-day supply 40% coinsurance ($55 min, $120 max)* 90-day supply 40% coinsurance ($110 min, $230 max)* *after $100 individual/$200 family deductible			30 day supply $40 copay after deductible 90 day supply $80 copay after deductible through Costco Mail Order.		
Tier 4-Specialty	$80 copay through YNHHS Outpatient Pharmacy.* Discounted program through Rx Cap. *after $100 individual/$200 family deductible			$40 copay after deductible		

this is not meant to be inclusive of all covered services, please refer to ynhhs-benefits.org for detailed information

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Copay	The fixed amount paid for a service
Deductible	The amount paid for covered health services each year before the plan begins to pay its share of costs